

CLAIMS ONLY

Application Number

"Filling" Date

10/812107

Applicant(s) _____

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	/					
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49		/				
50		/				
Total Indep	1					
Total Depend	10					
Total Claims	11					